

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215515179				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: LOCKHEED MARTIN DESKTOP SOLUTIONS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2015</p> <p>SCC ID NO: 02688489</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>15,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	15,000
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COMMON	15,000					
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>						
<p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 700 N FREDERICK AVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: GAITHERSBURG, MD 20879</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY L ALLEN ASST SECRETARY 6801 ROCKLEDGE DR BETHESDA, MD 20817	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN E COLE ASST SECRETARY 6801 ROCKLEDGE DR BETHESDA, MD 20817	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINA EMENS ASST SECRETARY 230 MALL BLVD KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A HEYWOOD ASST SECRETARY 6801 ROCKLEDGE DR BETHESDA, MD 20817	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA LOSCALZO ASST SECRETARY 230 MALL BLVD KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD P MARTIN ASST SECRETARY 230 MALL BLVD KING OF PRUSSIA, PA 19406	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ DONALD P MARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DONALD P MARTIN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE		4/21/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					